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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKLinda Lee Rundle

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

CV

() ()

-against-

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

Garnet Health Medical Center
Garnet Health Doctors

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? Yes No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? Yes No

Monthly amount: _____

If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? Yes No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: _____

If "no," what was your last date of employment? May 10, 2022Gross monthly wages at the time: \$3840⁰⁰ before taxes

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment
(b) Rent payments, interest, or dividends

Yes No
 Yes No

(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(g) Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Unemployment \$274 wk after taxes

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

\$320

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

NO

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

rent - \$464

Food - \$300 month

electric - \$376 month

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

Arron Ulatoski - 21 year old - Son

E.U. - 17 year old daughter

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

I have excessive credit card debt - has not been able to be paid because of job loss.

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated

Rundle, Linda, L.

Name (Last, First, MI)

Signature

Linda Rundle

PO Box 230

City

NY

10919

Address

State

Zip Code

845-901-0589

E-mail Address (if available)

Telephone Number

lindaleerundle@yahoo.com

NEW YORK STATE
 Department of Labor
 PO BOX 15130
 ALBANY NY 12212-5130
www.labor.ny.us

UNEMPLOYMENT INSURANCE Monetary Benefit Determination

Social Security #:	113-68-2247
Weekly Benefit Rate:	\$314.00
Claim Effective / Start Date:	09/05/22
Benefit Year Ending Date:	09/10/23
Date Mailed:	09/07/22

If the address to the right is not your current address, please call (888) 209-8124. TTY/TDD equipment users, please call (888) 783-1370.

LINDA L RUNDLE
 PO BOX 230
 CIRCLEVILLE NY 10919-0230

Keep This Notice For Your Records.

Why did I get this notice?	<p>This is NOT a decision on your eligibility for Unemployment Insurance benefits. This notice tells you what employment and wage information we have on file for you in the State of New York. Please review this information to make sure it is correct, because your weekly benefit rate is based on this information.</p> <p>Our records show that you meet the earnings requirement to qualify for Unemployment Insurance Benefits using the Alternate Base Period. If you meet all other requirements and are approved you will receive the weekly benefit rate in the box above. If you are not approved you will receive a separate written notice to tell you why.</p> <p>Continue to claim benefits for each week that you are unemployed:</p> <ul style="list-style-type: none"> • Access the internet at www.labor.ny.gov; • Call Tel-Service at 1-888-581-5812
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Alternate Base Period <i>Automatically Calculated</i>	Your Alternate Base Period is: July 01, 2021 through June 30, 2022
Review the record of employers and wages that we have on file (below). The Alternate Base Period was used since you did not qualify using the Basic Base Period.	

EMPLOYER NAME	Basic Base QUARTER 04/01 - 06/30	Alternate Base QUARTER 07/01 - 09/30	Alternate Base QUARTER 10/01 - 12/31	Alternate Base QUARTER 01/01 - 03/31	Alternate Base QUARTER 04/01 - 06/30	ALTERNATE TOTAL BASE PERIOD WAGES
	2021	2021	2021	2022	2022	
CHARTER COMMUNICATIONS LLC	.00	.00	8821.77	1441.84	.00	10263.61
GARNET HEALTH DOCTORS PC	.00	.00	.00	.00	7526.91	7526.91
CORNERSTONE FAMILY HEALTHCARE	.00	.00	.00	.00	.00	.00
TOTAL ALTERNATE BASE PERIOD WAGES		.00	8821.77	1441.84	7526.91	17790.52
"UNUSED" BASIC BASE PERIOD WAGES	.00	.00	8821.77	1441.84		10263.61

To provide wage information complete the request for Reconsideration Form.

How was my Weekly Benefit Rate calculated?	Your Weekly Benefit Rate was calculated using your high quarter wages from above. Gross weekly benefit rate = \$ 314.00 Less pension reduction - 0.00 Less Worker's Compensation reduction - 0.00 Total net weekly benefit rate \$ 314.00 <small>* All calculated Weekly Benefit Rates are in whole dollars. * Refer to the Appendix or the claimant handbook for details on how your benefit rate is calculated.</small>
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What is the maximum amount of benefits I can receive?	Your claim is good for one year (your benefit year). Within that year, you can collect up to 26 times your net weekly benefit rate.
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Is all your wage information reported correctly? If not, see the enclosed Appendix for help.

For questions about this notice, call
 (888) 209-8124.

For additional information visit our website:
 <http://www.labor.ny.gov/unemploymentassistance.shtm>

For help, review your
 claimant handbook.

Menu Department of Labor

Official Record of Benefit Payment History

Current Claim

Name:	Linda L. Rundle
Social Security Number:	XXX-XX-2247
Start/Effective Date:	09/05/2022
Benefit Year Ending Date:	09/10/2023
Weekly Benefit Amount:	\$314.00
Maximum Amount Payable:	\$8,164.00
Effective Days Remaining:	72

Latest Transaction(s) as of 11/09/2022

- You last certified for benefits for the week ending 11/06/2022.
- Your payment for the week ending 11/06/2022 was released on 11/07/2022.
- Weekly payments for \$600 showing "0" under the "Effective Days" column, and Debit Card or Direct Deposit under the "Type" column, are the Federal Pandemic Unemployment Compensation (FPUC) payments.

Effective Days

Each day in a week (Monday through Sunday) that you qualify for benefits is called an effective day. There is a maximum of 4 effective days each week, and you must qualify for all 4 effective days in order to receive your total weekly benefit rate. For each day in the week that you are not eligible to receive benefits, you will receive one less effective day, which is equivalent to one fourth of your weekly benefit rate. For example, if you are not available to work one day in a week, or if you have worked any part of a day, or have received vacation or holiday pay for one day in a week, your benefits will be reduced by one effective day (the same as one-quarter of your benefit rate). You can receive a maximum of 104 effective days on your claim.

Once your claim becomes payable, you may see fewer effective days remaining. This means you are being paid for those days and will soon see this change reflected via the funds in your bank account or debit card.

If three days have passed since a payment was released and the funds are not in your account, you

should contact KeyBank Customer Service at (866) 295-2955 if you have a debit card. If you have direct deposit, contact your bank. If there is a holiday in a given week, payments may be delayed by one day that week.

Payment History

Week Ending	Total Amount	Net Amount	Effective Days	Release Date	Type
11/06/2022	\$314.00	\$274.75	4	11/07/2022	Direct Deposit
10/30/2022	\$314.00	\$274.75	4	10/31/2022	Direct Deposit
10/23/2022	\$314.00	\$274.75	4	10/24/2022	Direct Deposit
10/16/2022	\$314.00	\$274.75	4	10/17/2022	Direct Deposit
09/25/2022	\$314.00	\$274.75	4	10/19/2022	Direct Deposit
09/18/2022	\$314.00	\$274.75	4	10/19/2022	Direct Deposit
10/09/2022	\$314.00	\$274.75	4	10/11/2022	Direct Deposit
10/02/2022	\$314.00	\$274.75	4	10/03/2022	Direct Deposit
09/11/2022	\$0.00	\$0.00	4	09/27/2022	Waiting week

Unemployment Insurance Terms

Unemployment Insurance Terms

Benefit Year Ending Date

The Benefit Year Ending date (BYE) is the date your unemployment insurance claim ends and you can no longer collect benefits on that claim. If you remain unemployed after the BYE date and believe that you had sufficient employment to qualify for a new claim, you must immediately file a new claim.

Weekly Benefit Amount

The amount of money to which a claimant may be entitled each week. The amount is based on the claimant's wages paid during the base period.

Maximum Amount Payable

Payment History Terms

Total Amount

The benefit amount to which you are entitled for the week.

Net Amount

The total amount minus any deductions (such as child support or Federal tax withholding), i.e. the amount you received.